

Welcome to Bajaj Allianz Family

Caringly yours

BAJAJ | Allianz

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.

AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc,,
Aurangabad,Maharashtra,431210,INDIA

Insured Name

Amol Vitthal Sirsath

Policy number

12-6402-0000126107-00

Name: Amol Vitthal Sirsath

Address:

Line1: Nagsen Nagar Osamnpura

Line2: Aurangabad Railway Station

City: Aurangabad State: 27 - MAHARASHTRA

Post Code: 431005

Mobile Number: 9158332663

Customer ID: PI24878152

Dear Amol Vitthal Sirsath,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications – write to us at bagichelp@bajajallianz.co.in within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage follow below link

https://www.bajajallianz.com/download-documents/health-insurance/sankat-mochan/Sankat_Mochan_pw.pdf

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Bajaj Allianz General Insurance Co.

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006. Reg. No.: 113 CIN: U66010PN2000PLC015329

Give a Missed Call on **808094506** SMS 'WORRY' to **575758**

Contact our 24-Hour Call Center at **1800-209-5858**

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Demystify Insurance <https://www.bajajallianz.com/blog.html>

SANKAT MOCHAN- POLICY SCHEDULE

Caringly yours

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UIN : IRDA/NL-HLT/BAGI/P-H/V.I/147/13-14

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AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc,,Aurangabad, Maharashtra,431210,INDIA

Proposer Details

Proposer Name	Amol Vitthal Sirsath		
Proposer Address	NAGSEN NAGAR OSAMNPURA, AURANGABAD RAILWAY STATION, AURANGABAD, MAHARASHTRA, 431005, INDIA		
Phone No	9158332663	Email ID	globaltechno10@yahoo.com
Customer ID	PI24878152		
Previous Policy No	NA	Previous Policy Expiry Date	NA

Policy Details

Policy Number	12-6402-0000126107-00	Endorsement No	NA
Policy Issued on	15/02/2023	Policy Status	ACTIVE
Period of Insurance	From 15/02/2023 00:00 Hrs To 14/02/2024 Midnight	Expiry Date	14/02/2024

GSTIN / UIN	Unregistered	Place of Supply/State Code/Name	27 - MAHARASHTRA
Company GST No:	27AABCB5730G1ZX		
Company PAN	AABCB5730G	Invoice No:	272302I001241678

Insured Member Details

Member Name	Customer ID	Gender	Date of Birth	Age	Relation	Nominee Name & Relation	First Policy Inception Date
Amol Vitthal Sirsath	PI24878152	Male	09/06/1994	28	Self	1. Purna Amol Shirsath - Spouse	15/02/2023
Insured Address	NAGSEN NAGAR OSAMNPURA, AURANGABAD RAILWAY STATION, AURANGABAD, MAHARASHTRA, 431005, INDIA						

Cover Details

Member Name	Occupation	Premium	Plan	Basic(SI)	Wider (SI)	Comprehensive(SI)	Accidental Hospitalization (SI)	Hospital Confinement Allowance(Per Day)
Amol Vitthal Sirsath	Other Class 2	319	Plan 1	200000	0	0	100000	0

Premium Details

Description	Amount(INR)	Description	Amount(INR)
Base Premium	270	Net Premium	270
Gross Premium: Three Hundred Eighteen Rupees		State GST(9%)	24
		Central GST(9%)	24
		IGST	0
		UTGST	0
		CESS	0
		Gross Premium	318

SANKAT MOCHAN- POLICY SCHEDULE

Caringly yours

BAJAJ | Allianz

UIN : IRDA/NL-HLT/BAGI/P-H/V.I/147/13-14

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E"

"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

Exclusions

Member Name	Exclusion
Amol Vitthal Sirsath	NA

Assignment Details	NA
Type of Assignment	NA
Assignment Wording	NA
Special Exclusion at Policy Level	NA
Additional Remarks	NA
Premium Payment Details	Receipt Number: SYS-22-000006665599 Date: 15/02/2023 Premium Payer ID: PI24878152 Float: NA; Payment Frequency: Single Premium ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque
Financial Institution Ref. No.	NA

AGENCY CODE	10010961	CONTACT NO	09326200833
AGENCY NAME	Kailas Rauti	EMAIL ID	KAILAS007.AUTI@GMAIL.COM

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Stamp Duty
Rs.10/-

Consolidated Stamp Duty of Rs. 10/- paid towards Insurance Premium Stamps Vide Challan No MH002405964202122M defaced number 0001482221202122/order no. CSD/82/2021/2306 dated 12-APR-21 timing 13:29:05 of General Stamp of India.

This document is digitally signed,hence counter signature / stamp is not required
Principal Location : Bajaj Allianz House,Airport Road,Yerwada,Pune-411006 PH-66026666 | Services Accounting Code : 997133 Accident and health insurance services.
No reverse charge is payable on these services

Authorized Signatory

SUB 10010961 / NA

SANKAT MOCHAN- POLICY SCHEDULE

UIN : IRDA/NL-HLT/BAGI/P-H/V.I/147/13-14

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Caringly Yours App
Available on



Caringly Yours App



Policy Verification



Claim Registration



Online Grievance



Whatsapp Service



Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

Give a Missed Call on **8080945060**, SMS '**WORRY**' to **575758**

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Demystify Insurance <https://www.bajajallianz.com/blog.html>

RECEIPT

Caringly yours

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Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc.

AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc.,
Aurangabad,Maharashtra,431210,INDIA

Proposer Name Amol Vitthal Sirsath Policy Number 12-6402-0000126107-00

Receipt Number SYS-22-000006665599 Receipt Date 15/02/2023

Business Channel PARTNERPORTAL

Received with thanks from: Amol Vitthal Sirsath

Customer ID: PI24878152 a total sum of Rupees Three Hundred Eighteen Rupees Only by,

Instrument Type	Instrument No	Instrument Date	Bank Name	Branch Name	Amount (Rs.)
CD-Customer	NA	15-Feb-2023	NA	NA	318.00

Total Amount: 318

Note: Issuance of this receipt does not amount of acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

*Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Bajaj Allianz General Insurance Co.Ltd. Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006. Reg.No.:113 CIN:U66010PN2000PLC015329

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<http://www.linkedin.com/company/bajaj-allianz-general-insurance>

Demystify Insurance <https://www.bajajallianz.com/blog.html>

Dear Amol Vitthal Sirsath,

We wish to inform you that your contract will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB /CSC Centers or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to yourself reconfirm the same at your end. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert within a period of 15 days from the date of your receipt of this document. In case of our non-receipt of your disagreement or objection or any changes [as mentioned hereinabove] with respect to information mentioned below, it shall be deemed that you have positively confirmed to us the correctness of the below mentioned transcript and declaration. Where you disagree to any of information/contents of this transcript, standard Terms or conditions, you have the option to return the original Policy stating the reasons for your objection, and upon our receipt of original Policy together with your request to cancel the Policy, you shall be entitled to a refund of the premium paid, subject only to there being no claim made under the Policy and also subject to a deduction of the expenses incurred by us and the stamp duty charges.

Proposer Details

Proposer Name	Amol Vitthal Sirsath		
Are you an Existing Bajaj Allianz Customer: Yes/No	If Yes, please mention the policy No		
Gender	Male	Date of Birth	09/06/1994
PAN No	GMCP50899M	UID/Unique ID	0
Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee	NA		
Marital Status	Married	No of children	NA
Occupation	Other Class 2		

Address

Permanent/ Residential Address		Correspondence Address (All the communications will be sent to the below address)	
Address Line 1	Nagsen Nagar Osamnपुरa	Address Line 1	Nagsen Nagar Osamnपुरa
Address Line 2	AURANGABAD RAILWAY STATION	Address Line 2	Aurangabad Railway Station
Address Line 3	NA	Address Line 3	NA
City/District	Aurangabad	City/District	Aurangabad
State	Maharashtra	State	Maharashtra
Pin Code	431005	Pin Code	431005
Telephone	9158332663	Telephone	9158332663
Mobile	9158332663	Mobile	9158332663
Email	globaltechno10@yahoo.com	Email	globaltechno10@yahoo.com
Educational Qualification	Graduate		
Family Monthly Income	20000		
In case of any offer, you would prefer to be contacted by	9158332663,globaltechno10@yahoo.com		
Nationality	Indian		

Details of the Persons to be Insured

Sr No	Name	DOB (dd/mm/yy)	Age	Gender (M/F)	Occupation	Gross monthly income	Relation with insured	Opted plan	Name of Illness/Disease/Disability/ suffered/suffering from	Duration of illness or Disability
1	Amol Vitthal Sirsath	09/06/1994	28	Male	Other Class 2	20000	Self	Plan 1	No	NA

Coverage required(along with Basic/Wider/Comprehensive) -Medical expenses Hospital Confinement Please refer the table below for details of Plans.

- Self can choose the plan as per the requirement and commensuration of income
- Spouse can be covered under Plan 1-5 · Children can be covered under plan 1-3 only, comprehensive cover not available for children
- Renewal members of age 66 years and above, will be offered to get covered under Plan 1-3. Lifetime renewal benefit would be extended under these plans.

Details of any other existing Personal Accident Policy

Sr. No	Policy Number	Name and Address of Insurance Company	Period of Insurance From(DD/mm/yyyy) To(dd/mm/yyyy)	No Claim Bonus (%)	Claim received/ Receivable (in Rs)	Claimed for (Nature of Problems)

Nominee Details

Name of Insured	Nominee No	Name of Nominee	DOB / Age	Relation	% of Sum Insured
AMOL VITTHAL SIRSATH	1	PRERNA AMOL SHIRSATH	22	Spouse	100

Kindly note that as the information/contents and declarations/confirmations provided by you as contained in this transcript is the basis on which we are issuing / have issued the Policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab-initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Disclaimer

A. EXCLUSIONS AND TERMS AND CONDITIONS:

The detailed list of exclusions, standard terms and conditions, including the exclusion of pre-existing ailments/diseases, were fully explained to you and for full details thereof please refer to the Policy wordings:

Answer given by You: Yes, I/we have been explained in full the details of exclusions, standard terms and conditions including the exclusion of pre-existing ailments/diseases and knowing the same I/we have opted and proposed for this Policy.

B. The contents of the proposal [transcript of proposal of you is this document] and connected documents have been fully explained to him and you have fully understood the significance of the proposed contract basis which you have confirmed for policy issuance.

C. In case of Disagreement or objection or any changes with respect to information, declarations, Terms and Conditions, exclusions and contents mentioned hereinabove, please contact our toll free number & register your objections / changes / disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy.

Declaration

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Prohibition of Rebates

SECTION 41 OF INSURANCE ACT, 1938

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten Lakh Rupees.

This transcript is authorized by you through OTP from your registered mobile no 9158332663 on

Contact our Policy servicing branch at: AURUNGABAD-Abc East,,3rd Floor,,Chilkathana Midc,,Aurangabad,Maharashtra,INDIA,431210

** This is print of electronic records maintained by us in accordance with law and hence does not require signature.

TAX INVOICE

(Customer Copy)

Caringly yours

BAJAJ Allianz

Invoice Number	272302I001241678	Customer ID	PI24878152
Invoice Date	15/02/2023	Policy No.	12-6402-0000126107-00
Recipient/ Details of Insured		Supplier/ Details of Insurer	
GSTIN	Unregistered	GSTIN	27AABC5730G1ZX
PAN	GMCP50899M	PAN	AABC5730G
Name (Proposer)	Amol Vitthal Sirsath	Name	Bajaj Allianz General Insurance Company Ltd.
Address-1	Nagsen Nagar Osampura	Address-1	Abc East,
Address-2	Aurangabad Railway Station	Address-2	3rd Floor,
Address-3	NA	Address-3	Chilkathana Midc,
Pin Code	431005	Pin Code	431210
City	AURANGABAD	City	AURANGABAD
State	MAHARASHTRA	State	MAHARASHTRA
Client Category	NON HNI	Place of Supply	27 - MAHARASHTRA

Premium

Description	Amount(INR)	Description	Amount(INR)
Net Premium	270	State GST/UTGST(9%)	24
Receipt Number: SYS-22-000006665599 Date: 15/02/2023 Premium Payer ID: PI24878152 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque		Central GST(9%)	24
		IGST(18%)	0
		Gross Premium	318

Total Invoice Value (In figures) : 318

Total Invoice Value (In Words) : Three Hundred Eighteen Rupees

Amount of Tax Subject to Reverse Charge: No reverse charge is payable on these services.

Services Accounting Code: 997133 Accident and health insurance services.

Principal Location: Bajaj Allianz House, Airport Road, Yerwada, Pune- 411006 PH-66026666

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Important Notes:

* The invoice is issued as per Section 31 of the CGST Act

* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj Allianz General Insurance Company Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

This is a digitally signed document and hence no physical signature is required

Bajaj Allianz General Insurance Co.

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